

# Bates College

## 2015-2016 Request for Financial Aid Reconsideration

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Student's Name: \_\_\_\_\_ Bates ID#: \_\_\_\_\_

You may request reconsideration of your financial aid award through the Bates College appeal process. All requests must be accompanied by appropriate documentation. If you can document a significant change in your family's financial circumstances, or if you believe there are special circumstances that were not considered initially, please complete this form. ***Please note, we cannot consider a request for reconsideration until we have received complete copies of parent and student 2014 tax returns and W-2 forms. We may also request additional information if necessary.***

### **CHECK ALL THAT APPLY TO YOU:**

- ☐ Loss or change of employment (**please print & complete pages 2 & 3 of this form**)
- ☐ Divorce or Separation
- ☐ Death or Disability
- ☐ Loss of untaxed income (social security, pension, child support, etc.)
- ☐ Non-reimbursed medical and/or dental bills or handicapped-related expenses
- ☐ One-time payment that over-inflated your annual income
- ☐ Incorrect financial information noted on initial aid application
- ☐ Other, (please include a signed letter explaining family's circumstances)

*All the information on this form and supporting documents is true and complete to the best of my knowledge. I further understand that submission of this information does not guarantee an adjustment to the student's award or a change to the original financial aid decision.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach documentation that supports the reason you are requesting reconsideration to this form and return to:

**Bates College  
Student Financial Services  
Bates College  
44 Mountain Avenue  
Lewiston, ME 04240**

# Bates College

## 2015 Income Estimate Due to Loss or Change of Job

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You have indicated that you have experienced a change in employment that will affect your income in 2015. Please provide a response for each item shown below. Enter "0" or "N/A" where appropriate. Do not leave any item blank. ***The following items must be attached to this form:***

1. Most recent pay stub showing new or changed salary
2. Last pay stub from former position
3. Statement of any unemployment benefits received or expected
4. Complete copy of any severance or separation agreement from former employer

Student's name: \_\_\_\_\_ Student's Bates ID #: \_\_\_\_\_

Name of person experiencing a loss of/change in income: \_\_\_\_\_

When did this change take place? \_\_\_\_\_

2015 Gross Taxable Income	A. Income Received Year to Date	B. Estimated Income (Through Year-End)	C. Total Income (A. + B.)
<b>Wages, salaries, compensation – Father/Stepfather</b> <i>(attach copy of last/most recent paystub)</i>			
<b>Wages, salaries, compensation – Mother/Stepmother</b> <i>(attach copy of last/most recent paystub)</i>			
<b>Interest and Dividend Income</b>			
<b>Net income/loss from business (S-Corp or sole proprietorship)</b>			
<b>Severance Pay</b> <i>(attach copy of severance or separation agreement from former employer)</i>			
<b>Pension/annuity withdrawals</b>			
<b>Income from partnerships, estates, trusts</b>			
<b>Unemployment compensation</b>			
<b>Any other taxable income</b> <i>(please specify)</i>			

2015 Untaxed Income	Year to Date	Estimated Income	Total Income for Year
<b>Voluntary contributions to retirement plans such as 401(K) or 403(B) plans and savings plans</b> <i>(paid directly or withheld from earnings)</i>			
<b>IRA, Keogh and/or SIMPLE payment</b>			
<b>Untaxed portion of pension distributions or withdrawals</b> <i>(excluding "rollovers")</i>			

## 2015 Additional Information

Please use this section to provide additional information concerning your situation, if the above sections did not allow you to explain the circumstances fully. Attach additional pages and documentation as necessary.

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## Certification

By signing below, I

1. affirm that the data contained on this form is true and complete to the best of my knowledge,
2. acknowledge that submission of information does not guarantee an adjustment to the student's award
3. understand that I am responsible for immediately notifying SFS if this information changes, and that future financial aid awards may be reduced if income estimates are underestimated on this form.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form and supporting documentation to:*

**Bates College**  
**Student Financial Services**  
**Bates College**  
**44 Mountain Avenue**  
**Lewiston, ME 04240**